FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours per respon	se 0.5				

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type	e Response	s)													
Name and Address of Reporting Person * Cohen Yuval				2. Issuer Name and Ticker or Trading Symbol Corbus Pharmaceuticals Holdings, Inc. [CRBP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O CORBUS PHARMACEUTICALS HOLDINGS, INC, 100 RIVER RIDGE DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2015						X Officer (give title below) Other (specify below) Chief Executive Officer						
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
NORWOOD, MA 02062 (City) (State) (Zip)				Table I. Non Desiration Section 1											
	curity		2. Transaction	2A. Deer	2A. Deemed 3. Transaction 4. Securities Acquired										
(Instr. 3) Date			Execution Date, if		Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficially Owned I Reported Transaction (Instr. 3 and 4)		Following n(s)	Ownership Form: Direct (D)	of Indirect Beneficial Ownership	
					Code	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common S	Stock		06/15/2015			P		900		\$ 3.28	2,800			D	
			Table II - D	erivative	Securitio	es Acquir	cont the t	ained i form dis	n this fo splays a	rm are	e not req ently valid	uired to re d OMB co	nformation espond un ntrol numb	less	EC 1474 (9- 02)
			(6	.g., puts,	calls, wa	rrants, op	tions	, conver	tible secu	ırities)		1			
1. Title of 2. Derivative Conversion Security (Instr. 3) Price of Derivative Security		3. Transaction Date (Month/Day/Y	Execution Da Year) any	ate, if Transaction Code Year) (Instr. 8)		of	and Expiration Date (Month/Day/Year) Am Und Sec				9. Number of Derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Ownership (Instr. 4) Ownership (Instr. 4)		
				Co	ode V	(A) (D)		e rcisable	Expiratio Date	on Title	Amount or Number of Shares				
Report	ting O	wners													

Parada Oma Nama (Allana	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Cohen Yuval C/O CORBUS PHARMACEUTICALS HOLDINGS, INC 100 RIVER RIDGE DRIVE NORWOOD, MA 02062	X		Chief Executive Officer			

Signatures

/s/ Yuval Cohen	06/15/2015
Signature of Reporting	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.